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UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Mongolia
Support for a comprehensive population programme

Proposed UNFPA assistance:	$4 million
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Mongolia United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agencies:	Ministry of National Development

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MONGOLIA

Demographic facts

Population Total (000)	
Total	2,190
Males	1,103
Females	1,087
Sex ratio (/100 females)	101.4
Urban	1,145
Rural	1,045
Per cent urban	52.3
Population in year 2000 (000)	2,847
Functional age groups (%)	
Young child: 0-4	15.6
Child: 5-14	25.7
Youth: 15-24	20.0
Elderly: 60+	5.1
65+	3.2
Women: 15-49	23.9
Median age (years)	19.1
Dependency ratios: total	79.9
(/100) Aged 0-14	74.2
Aged 65+	5.7
Agricultural population density (/hectare of arable land)	0.49
Population density (/sq. km.)	1
Average annual change (000)	
Population increase	63
Births	81
Deaths	18
Net migration	0
Annual population total (% growth)	2.67
Urban	3.09
Rural	2.21
Crude birth rate (/1000)	34.4
Crude death rate (/1000)	7.7
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	4.70
Gross reproduction rate (/woman)	2.29
Net reproduction rate (/woman)	2.03
Infant mortality rate (/1000)	60
Life expectancy at birth (years)	
Males	62.3
Females	65.0
Both sexes	63.7
GNP per capita (U.S. dollars, 1989)	*

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

* not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive programme in the amount of $4 million over a five-year period, starting January 1992, to assist the Government of Mongolia in achieving its population and development objectives. UNFPA has provided assistance to Mongolia since the late 1970s but this would be the first comprehensive UNFPA country programme.

2. The proposed programme is based upon the findings and recommendations of a programming mission that visited Mongolia during May 1991. The mission consulted with the various government ministries, the Mongolian State University, the Medical University, and certain non-governmental organizations (NGOs), and discussed with them the policies of the Government towards population and development. Bilateral donors were also consulted by the mission.

3. The main objectives of the proposed programme would be to assist the Government: (a) in bringing about a change in people's attitudes towards and perceptions of population issues, in particular concerning the health and social benefits of family planning; (b) in defining and refining a population policy that balances population growth with the country's economic prospects; and (c) in reducing infant and mortality rates through the promotion of Safe Motherhood with a particular emphasis on the provision of family planning information and services.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. Mongolia has a population of 2.5 million according to the 1991 estimates of the Mongolian Central Statistics Office, and an area of 1,565,000 square kilometres. The population density of 1.35 is the lowest of any country in the world. It would be incorrect, however, to consider the population largely rural or nomadic, since 57 per cent of the population lives in urban areas. (For United Nations estimates, see the demographic fact sheet on p. 2.) The percentage of the population living in urban areas will continue to rise owing to the considerably higher rate of growth of such areas (3.09 per cent) vis-à-vis rural areas (2.21 per cent). The annual population growth rate of the country as a whole is 2.67 per cent, which would yield a total population of 2.84 million in the year 2000. The majority of the population is young: 41.3 per cent is under 14, and another 20 per cent is aged 15 to 24. The maternal mortality rate is 164 per 100,000 live births and the infant mortality rate is 60 per 1,000 live births.

6. Today, largely as a result of seven decades of strong government commitment to increase literacy and improve the health of the people, 98 per cent of Mongolians are literate, and all children have free education provided by the Government. Women have equal rights in all spheres of economic, political and social affairs. A health care system extends throughout the country, and there is a fairly high doctor-to-patient ratio of 1 to 382. However, the system is hampered by the difficulties inherent in trying to deliver services over such a large area with a severe climate, as well as by shortages of medicines, drugs and equipment. Moreover, the

health care system has focused on curative rather than preventive health care. This is in the process of being changed, however, and the Government is gradually shifting to a primary health care approach.

7. In July 1990, Mongolia held its first multi-party democratic election. The new Government is moving rapidly towards a market economy. Some of the new policies adopted or under consideration have important relevance to Mongolia's population problems. The policy of population expansion in effect for the past 70 years has resulted in a threefold increase in the population. Family planning services were extremely limited and were exacerbated by problems of logistics and availability. The Government is now implementing its first family planning programme, which aims at making all temporary methods of contraception available. The new policy seeks to reduce the existing high levels of maternal and infant mortality and morbidity by influencing women to have their children between the ages of 20 and 35 and to space these births by not less than three years. The legal age of marriage may soon be raised from 18 to 20.

8. Economic conditions in Mongolia are now very problematic. Its economy has felt the effects of the economic crisis in the former Soviet Union, which for many years had been Mongolia's major source of foreign assistance as well as its main trading partner, supplying all of the country's petroleum needs and most of its manufactured goods. A sustained drought in 1988-1989 further intensified socio-economic tensions, as did mounting foreign indebtedness during the latter half of the 1980s. The economic situation has continued to deteriorate, and the country is currently facing severe shortages in all sectors.

III. REVIEW OF UNFPA ASSISTANCE TO DATE

9. UNFPA has provided assistance to Mongolia for over 10 years through several small activities, beginning in the late 1970s with equipment and training for the Central Statistics Office to assist with carrying out the 1979 population census. In the 1980s, UNDP and UNFPA both provided assistance to the Central Statistics Office to enable it to develop the basis for automatic processing of the 1979 and 1989 censuses. Assistance to maternal and child health (MCH) was begun in the early 1980s and consisted of training for medical personnel and for provision of small amounts of contraceptives.

Maternal and child health and family planning

10. Cooperation between the Mongolian Government and UNFPA in this area began in 1979 in six provinces. Although there was reportedly a decrease in both maternal and infant deaths, these data were not considered totally reliable. Subsequent UNFPA-funded MCH activities focused primarily on providing training for medical personnel, with some resources being budgeted to purchase equipment and supplies. There was no family planning programme in Mongolia at that time, and UNFPA assistance was directed at improving the health of mothers and children in order to reduce morbidity and mortality rates. A number of medical specialists received fellowships to study in Eastern European countries. Government contributions paid to have this training disseminated to other health workers. The fellowship plan was not as successful as was hoped, however. Although some useful skills were learned, these related to highly specialized and intensive care and not to the underlying causes of maternal and infant mortality, which could best be addressed through primary health care programmes.

11. During the late 1980s, it became apparent that maternal and infant mortality were higher than previously reported and that the lack of contraceptives for child-spacing and family planning was a major cause of the problem. UNFPA's persistent presence in the MCH sector contributed to a gradual revision of Mongolia's population policy and to its focus on Safe Motherhood. UNFPA funds were requested and

approved for basic equipment and for contraceptives. However, the number of intra-uterine devices (IUDs) purchased met only a fraction of the need, and even an additional supply of copper-T 380 IUDs was also promptly depleted. In 1990, as part of the preparations for the new family planning programme and the new UNFPA country programme, UNFPA organized 11 short training courses in China focusing on new contraceptive technology and family planning education. UNFPA also supported an August 1991 national meeting on Safe Motherhood and family planning at which the national family planning policy and programme were introduced to the medical profession and to the general public.

Data collection and analysis

12. UNFPA support in the area of data collection and analysis began in 1978 when funds were approved to assist in the implementation of the 1979 population census, in particular through the use of electronic data-processing systems. In 1981 UNFPA started to provide assistance to establish a data-processing system capable of managing an automated population register. The first phase of population registration using the new automated system was completed in 1986/87 at the National Computer Centre of the Central Statistical Office. This provided the basis for the automated processing of the 1979 and 1989 population censuses and for the automated entry of data in the Central Population Register, which was completed in 1988. Concurrently, a system of household surveys was set up. However, these systems had been developed more or less independently of each other, and there was a need to integrate and harmonize them so as to enable ministries and other government agencies responsible for the country's socio-economic development planning and policy formulation to have access to such basic data. Hence, a second phase of assistance was approved to develop an Integrated System of Demographic and Social Information (ISDSI).

13. The objectives of the second phase of UNFPA assistance were: (a) to assist in the general design and development of the ISDSI; (b) to facilitate the analysis and dissemination of population statistics including household survey data; (c) to apply the ISDSI subsystem on a pilot basis in one field of population and development, such as labour resources; and (d) to train national personnel in advanced demographic statistics, database design and the integrated analysis of the interrelationships between population and development.

14. While a general design of the integrated system and the delivery of mainframe computer equipment have been completed, not all population registration data have been entered into the system. The civil registration system is now well-established, and the most recent census (1989) was extremely well organized, although the data collected still must be analysed.

15. Starting in 1989, UNFPA assisted in the development of human resources in preparation for the country programme for 1992-1996. This was done through support for a number of fellowships for short-term international training and study tours. Although UNFPA provided a substantial portion of the cost of training, the Government of China made a significant contribution to this training through the use of the technical cooperation among developing countries (TCDC) modality.

IV. PROPOSED PROGRAMME 1992-1996

16. The decade of cooperation between UNFPA and Mongolia has laid a solid foundation for future collaboration. It has helped to strengthen MCH services and develop human resources, particularly in the area of demographic studies and censuses. UNFPA assistance, although limited, was instrumental in helping health authorities understand the critical link between family planning and maternal and child health. As a result, the Government now supports family planning as a major element of the country's Safe Motherhood, preventive health care strategy. The success of past assistance in establishing a data collection, household registration and population statistics system has formed the base for interpreting, analysing and disseminating data, as well as ensuring that population factors are an integral part of development planning. Both are key elements in UNFPA's proposed first country programme.

17. The Government recently approved a new population policy. Its primary focus is to improve women's and children's health through the implementation of a nationwide family planning programme. Its salient features include: (a) encouraging women to have children between the ages of 20-35, with a view to reducing births that are too early and too late in the reproductive cycle; (b) spacing births at three- to four-year intervals; (c) encouraging couples to limit their families to four children; (d) providing information and education about child care, family planning and maternal health throughout the country; and (e) improving community level availability of maternal health and family planning services.

18. The proposed UNFPA programme was formulated in close collaboration with the Government of Mongolia during the visit of the UNFPA programming mission. The main objectives of the proposed programme are detailed in paragraph 3 above. The individual sectors are described below.

Maternal and child health and family planning

19. Having revised its population policy and instituted a family planning programme through the Ministry of Health, the Government now recommends limiting the number of children in a family to four and spacing births by use of contraceptives to improve maternal and child health while allowing for continued population growth. The Government has requested UNFPA to assist it in establishing national contraceptive delivery and educational programmes, and in improving maternal health services. The proposed UNFPA programme would provide assistance to the Ministry of Health to implement its Safe Motherhood/family planning programme through a primary health care clinic system and would work to achieve an appropriate mix of contraceptive methods. This would be buttressed by sound multimedia support provided through the Ministry of Health in concert with its primary health care/Safe Motherhood strategy.

20. UNFPA would seek to improve maternal health services by providing assistance to conduct investigations of maternal deaths and perinatal mortality so as to discover the causes and to see if, and how, these causes are related to health service delivery patterns. This information would be used to develop norms for improved maternal health services, which would then be introduced nationwide through a series of training courses for all service providers. Adherence to these norms would then be monitored. Shortcomings in special areas of health care delivery, such as the treatment of maternal anaemia, that are already well defined and thus do not require further investigation, would be addressed through such activities as the provision of appropriate basic-level equipment and supplies, the further refinement of standard practices, and the strengthening of training and monitoring techniques. UNFPA would also provide appropriate equipment needed at the primary level to provide basic health care and family planning services to women of reproductive age as well as that which is needed by referral hospitals to handle high-risk and complicated deliveries.

21. UNFPA would also provide long-term MCH/FP advisory services in Ulaanbaatar during the life of the programme to upgrade technical aspects of MCH/FP activities in Mongolia. The Fund proposes to provide a total of $2,125,000 to this sector.

Information, education and communication

22. Successful implementation of population policies requires intensive support from the information, education and communication sector, particularly in a country such as Mongolia where these policies are new. UNFPA therefore proposes to support a comprehensive public-information programme that would include organizing meetings on population policies for decision-makers, parliamentarians, journalists, and leaders of NGOs, working closely with those from the mass media to ensure that they understand the importance of population issues, and organizing study tours. In order to align IEC activities closely with MCH/FP activities, health education work at different levels of the health system would be strengthened through training and provision of equipment. UNFPA would take special care to make use of the grass-roots networks of relevant NGOs in efforts to mobilize both national and community support for the MCH/FP programme. In addition, support would be provided for introducing sex education into the secondary school curriculum.

23. UNFPA proposes to provide $800,000 for activities in the IEC sector.

Data collection and analysis

24. Mongolia is in the process of radically changing its political and economic structure. With the transformation of the economy from a centrally-controlled to a market-oriented system, and the consequent opening of the country to international contacts, the Government has become acutely aware of the many factors that affect the country's socio-economic development, including that of population. Indeed, the emphasis that the Government now places on population issues is unparalleled in the country's history and is reflected in its newly adopted population policy. It is most urgent therefore to take advantage of the population data collection system that is firmly in place in order to carry out timely analyses of the country's extensive census and civil registration data and make use of the results of these analyses in development planning and policy formulation.

25. Such analyses, however, require the further development of both skilled human resources and physical facilities, as well as increased attention and use of studies of the interrelationship between population variables and socio-economic development. The UNFPA programming mission has identified several key institutions requiring such support. The Demographic Laboratory set up within the Central Statistics Office in 1987 needs to be strengthened in order to begin the process of analysis, interpretation and dissemination of the data currently available. UNFPA would support long-term advisory services and international training for staff and would help to upgrade the necessary data processing equipment. UNFPA proposes to provide $200,000 for activities in this area.

Population policy formulation

26. The Ministry of National Development was created at the beginning of 1991 with responsibilities that include making recommendations to the Government about national policies on economics, technology, investments, population and socio-economic development. The Government is now focusing its attention on elaborating the recently-adopted population policy, which is to be integrated with development planning. The Council on Population and Social Policy within the National Development Ministry, which is responsible for

working out the details and for assisting the various sectoral ministries in detailing their own policies, is very short of well-trained professional staff. UNFPA proposes to assist the Council with long- and short-term advisory services in a wide range of demographic techniques and methods. Through the short- and long-term training of personnel the Council would be able to build the staff capacity required to advise the other government ministries on vital policy questions relating to population and family planning and socio-economic development. UNFPA proposes to provide $300,000 for activities in the area of population policy formulation.

Population dynamics

27. Teaching and research in population and related matters have been offered at the Mongolian State University in its Economics Faculty since the 1980s. However, the demand for graduates with more than rudimentary population training led the University in 1989 to initiate a four-year "higher diploma" course in the study of population. In order to help Mongolia move one step closer to self-sufficiency in the field of population and demographic analyses, UNFPA would assist the University in strengthening its Population Teaching and Research Department in the Economics Faculty. UNFPA would also provide international advisory services, software consultants, fellowships for long-term graduate-level training as well as short-term fellowships on specific topics. UNFPA proposes to provide $300,000 for activities in this area.

Women, population and development

28. In Mongolia, women have had equal rights with men since 1924 in all spheres of economic, political and social affairs. However, decades of a pronatalist policy and of inadequate reproductive and maternal health care have contributed to high maternal morbidity and mortality rates. With the change in Government in 1990, the Women's Federation, an NGO in which membership is voluntary, has emerged as the premier women's organization in the country. As such, it will play a crucial role in the coming years in ensuring that all the issues pertaining to improving the status of women continue to be addressed effectively.

29. The Women's Federation will thus be instrumental in representing the special rights and views of women on issues of maternal and child health and family planning, and in fostering awareness-creation activities about the benefits of the new population policy. UNFPA proposes to provide initial assistance to the Women's Federation for study tours to visit other national and international organizations concerned with women's role in population policy formation, and for strengthening the Federation's capacity to prepare and provide population information for its members and the public. As the Federation's status and institutional capacity become more established, further UNFPA-assisted activities will be considered. UNFPA proposes to provide $150,000 for activities in this sector.

Programme reserve

30. As family planning is being introduced in Mongolia for the first time, there may well be opportunities and needs for external inputs that are not yet defined. UNFPA proposes to set aside an amount of $125,000 to serve as a reserve that can be tapped as needs arise during the implementation of the country programme.

Programme coordination

31. A special office to coordinate external assistance has been established under the First Deputy Prime Minister. It will have close links to the Ministry of National Development, which will be responsible for the general supervision of UNFPA's programme. Government ministries and organizations responsible for

implementing UNFPA-funded activities include the Ministry of National Development, the Ministry of Health, the Central Statistics Office, the Mongolian State University, and the Mongolia Medical University. UNFPA will continue to work closely with the UNICEF office in Mongolia, and the two organizations will collaborate with each other and with the Ministry of Health on such activities as Safe Motherhood initiatives.

Programme monitoring, evaluation and management

32. UNFPA-supported activities in Mongolia are currently managed by the Office of the UNFPA Representative in Ulaanbaatar, with backstopping provided by the UNFPA Country Director's office in Beijing, China. The standard processes and procedures evolved by UNFPA for the monitoring and evaluation of programme activities would be used in Mongolia to ensure the efficient and effective implementation of the programme. Individual projects would have monitoring and evaluation components built into their activities. The preparation of annual progress reports and the conduct of tripartite project review meetings would be a normal part of the annual schedule of activities. Regular and special site visits by both the offices in Ulaanbaatar and Beijing as well as by representatives from UNFPA headquarters would help to assure the smooth implementation of projects. Technical backstopping by executing agencies would assure that substantive, financial and management aspects of programme activities are regularly monitored and evaluated. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

33. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $4 million over five years to Mongolia. UNFPA assistance over the period 1992-1996 by programme area category is as follows:

	UNFPA regular resources $
Maternal and child health and family planning	2,125,000
Information, education and communication	800,000
Data collection and analysis	200,000
Population policy formulation	300,000
Population dynamics	300,000
Women, population and development	150,000
Programme reserve	125,000
TOTAL	4,000,000

V. RECOMMENDATION

34. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Mongolia in the amount of $4 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $4 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to allocate the funds and to make the appropriate agreements with the Government of Mongolia and with the executing agencies.